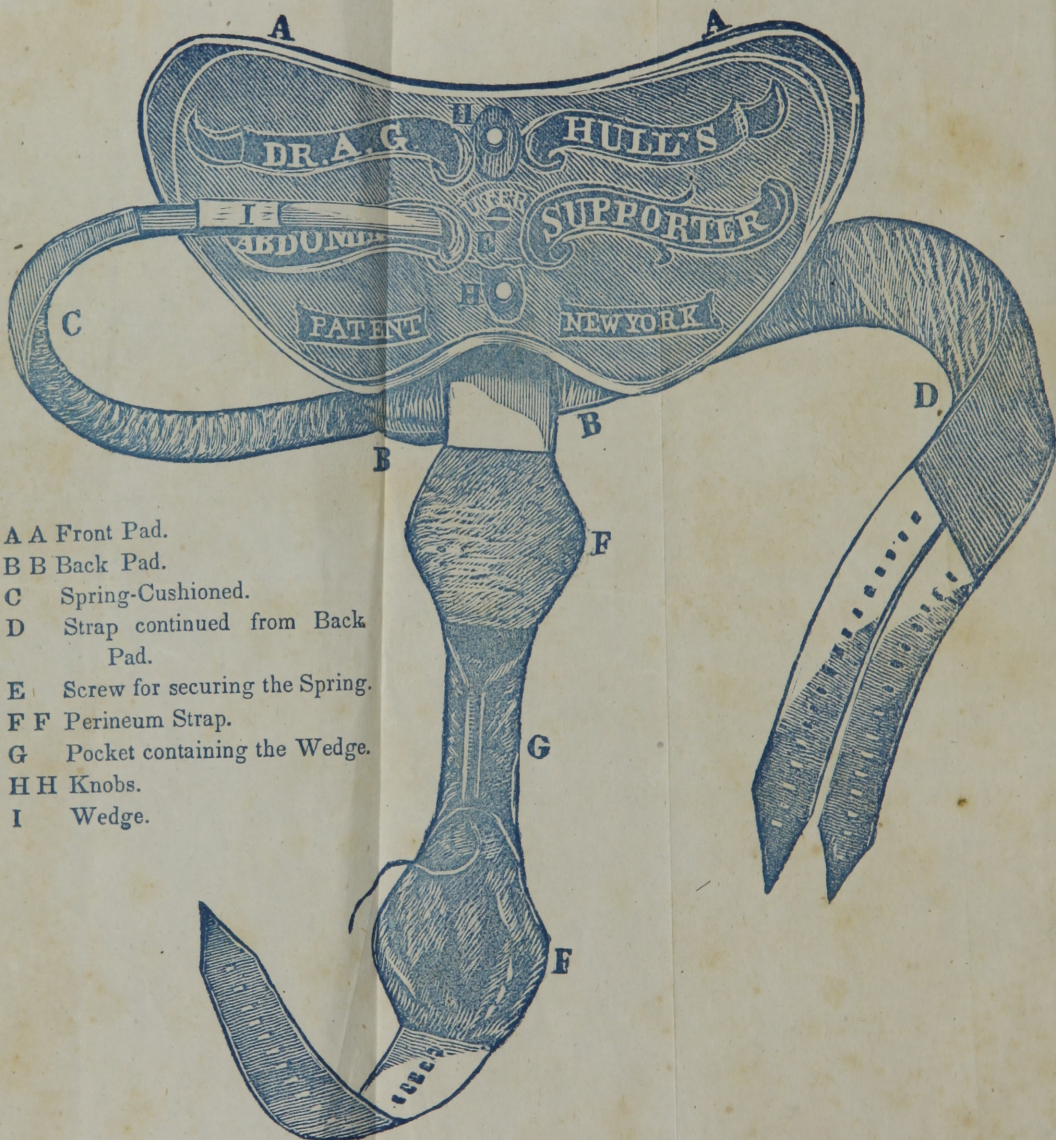


WP
P698
1842

**APPLICATION AND USES
OF UTERO-ABDOMINAL
SUPPORTER**





A PLAIN ACCOUNT
114
OF THE
APPLICATION AND USES
OF
DOCTOR A. G. HULL'S
UTERO-ABDOMINAL SUPPORTER;

ACCOMPANIED BY THE

Opinions of the Faculty in London and New-York, and a unanimous
vote of the Medical Society of the State of New-York,
in its favor.

DESIGNED FOR PATIENTS.

NEW-YORK:
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A PLAIN ACCOUNT

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DIRECTIONS FOR APPLICATION.

Measure the Patient around the hips: take half the measure— and, if an instrument from the centre of the front pad to the middle of the back pad, measured on the inside of the cushion of the spring, is equal to that half, it will generally fit the Patient

Put on from the right side: place the large pad A in front, between the hips, with the short side down, immediately above the bone below; and the middle of the small pad B upon the centre of the Back, opposite. The cushioned spring C to fit the hip comfortably; and bring the strap D around the opposite hip, and secure on the knobs H. The pressure with the front pad is made equal by sliding the wedge I backwards or forwards.

Fix the loop of the perineum strap F upon the middle of the back pad, carrying it downward and forward: bring up before, and secure upon the knobs H.

The wedge sliding in the pocket G of the perineum strap, must be so placed that the pressure will be directly upon the perineum. When properly adjusted, secure the wedge from moving, by a few stitches with strong thread or silk, and protect this part of the instrument with a few folds of linen. The size of the Supporter may be altered by taking in or letting out the spring at E.

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DISEASES

IN WHICH THE

SUPPORTER HAS BEEN SUCCESSFULLY APPLIED,

FALLING OF THE WOMB—(*Prolapsus Uteri*.)

There are two forms of this malady: one, and very probably the most frequent, of which, has been but slightly noticed in medical writings. The kind of displacement alluded to, is where the womb sinks down against the parts adjacent to the fundament, and rests there, as upon a shelf—pressing toward the back passage, instead of forwards, as in the prolapsus ordinarily described in medical books.

The existence of this back or posterior falling of the womb produces, in addition to the aching, dragging, and bearing down pains of the common prolapsus, a pressure upon the fundament, as of a ball or other hard body; and occasionally, a sensation as if the patient would be relieved by going to stool. It is often accompanied with costiveness, and is always aggravated by such a state of the bowels. Whites and piles are frequently caused by it, and occasionally urinary difficulties, all of which are too often treated as distinct diseases for months and years, without success, and without the real cause being suspected. When a female has the symptoms enumerated as belonging to this kind of prolapsus, she should request the opinion of a physician, if she entertain doubts of the nature of her case. Proper medical investigation can only determine the fact. It is perfectly safe, however, to treat it as an actual prolapsus, by wearing the **SUPPORTER**, which will furnish immediate relief, if it be a prolapsus, and can do no injury if such be not the fact.

The old instrument, the *Pessary*, is of no possible avail against this form of prolapsus.

The Supporter was originally adapted to this form of the complaint, and when rightly adjusted, never fails of effecting its important effect.

The cushion on the cross strap (perineum block) should be made broader and thicker, and rather more raised at its heel, for the back prolapsus, than it is for the front kind.

THE WHITES—(*Leucorrhæa*.)

Very many inveterate cases of this complaint have been perfectly removed by the use of the Supporter.

The discharge is often caused by posterior prolapsus; and if not originally caused in this way, it sometimes happens that it has, by weakening the parts, produced the displacement, which, in turn, becomes a cause of keeping up the discharge. It is well known to physicians, that whites are often complicated with the anterior (ordinary) falling of the womb. In this way, whites and prolapsus are found existing together in young unmarried females. It is in the highest degree unsafe to treat whites combined with either form of prolapsus, by astringent washes and injections—such as green tea, infusion of oak-bark, solutions of alum, white vitriol, &c. The discharge is for a short time suppressed by these means; but sooner or later it returns with increased force, and often with signs of ulceration or malignant irritation of the parts. The Supporter is safe in all cases of whites, and, as before said, is not unfrequently an effectual cure. It does not interfere with medical treatment.

THE EVILS OF EARLY AND PERMANENT TIGHT LACING.

By this pernicious habit, the upper and larger half of the cavity of the abdomen is very much diminished in capacity, and the whole volume of the intestines is pressed down strongly.

The lower part of the belly is packed, distended, and weakened; and the upper part, with much of the chest, containing the stomach, liver, and a portion of the lungs, is compressed, till it at last permanently collapses in proportion as the lower part is expanded.

This unnatural state, productive of indigestion, costiveness, more or less disturbance of the situation and functions of the womb and bladder, and a miserable train of "nervous complaints," can be counteracted, to a very great extent, by the Supporter, the mechanical operation of which is directly the converse of lacing.

Much good has already been done by means of the Supporter, in cases where lacing had produced permanent displacements, and corresponding alterations in the natural outline of the form: but, very much more remains to be done. For this purpose, the Supporter is to be worn every other day only, and *the cross-strap is generally omitted.*

PREGNANCY—ABORTION.

The Supporter has been found very serviceable in all stages of pregnancy, in cases presenting uncommon weakness of the loins and lower part of the abdomen. In the early stages it very much alleviates the bearing down of the womb, and the disturbances of the bladder and stomach connected with that state; and in the later months, it counteracts the over-distension and relaxation, which, without this support, forms a serious portion of the inconvenience and sufferings of the pregnant female, and is especially irksome to such as have borne several children.

The existence of pregnancy is by no means an obstacle to the use of the Supporter in any case.

Most cases of habitual abortion are caused by a peculiar prolapsus of the womb which the pregnant state produces, in which that organ gets, as it were, locked down, and cannot rise into the abdomen as it increases in size, according to the law of nature. These cases always terminate, sooner or later, in abortion: the miscarriage generally occurs between the fourth and sixth month.

The prolapsus causing abortions is of the posterior kind: it is overcome with great certainty by the Supporter, when attended to seasonably.

The following statement, extracted from a letter to Dr. Hull, from James S. Horton, M.D., of Goshen, Orange County, N. Y., (Oct. 24th, 1838,) abundantly justifies the foregoing remarks:

"It might give you satisfaction to know, that by the help of your Supporter, I was enabled to present to an anxious mother a

living child, after she had aborted five or six times at various periods. When last pregnant, and a month gone, she wore a home-span contrivance for what she called 'a weakness above the pubis.' She thought that weakness was the cause of irritation, and finally labor-pains. I applied a weak Supporter with the happiest effects."

TUMORS.

Several cases of an incurable tumor connected with the womb, (called *ovarian tumor*,) have been very much benefitted by the Supporter. Two instances occurred in this city, some years since, in which the application of the Supporter, with strong pressure, was productive of immediate relief, followed by the arrest of the growth of the tumors. Five years have elapsed since the Supporter was applied, and they still remain quiescent. The first case is under Dr. Ludlow's charge, and the last is a patient of the Truss office.

Surgeons all concur in the utility of compression for similar cases; and the Supporter not only applies this agent, but keeps the tumor from sinking down to the lower part of the abdomen, and creating much commotion and suffering in those parts.

PAINFUL AND IRREGULAR MENSTRUATION.

When difficulties in the menstrual function are dependent upon displacement of the womb, or connected with it, or with costiveness and distension of the abdomen, the Supporter has proved of signal service.

CONFINEMENT.

The circular portion of the Supporter is a very valuable safeguard against the occurrence of prolapsus of the womb, after confinement. Many cases of this malady are produced by rising from the sick bed to attend to domestic duties, too soon after confinement. This accident can never take place after the application of a Supporter.

Furthermore, it prevents the formation of pendulous, flabby abdomens after confinement, restoring and preserving the original compact state of the figure.

PILES.

When the piles are quiescent, the Supporter is very serviceable: by keeping the bowels in their proper location, whereby stagnation of their venous blood is prevented, it removes one of the most important conditions of this disease. No patient need be deterred from applying the Supporter for any other disease, by the presence of piles.

PROLAPSUS ANI.

The Supporter, with a very small round perineal block, is the best possible mechanical instrument for this malady. A great number of cases have been successfully treated in this office.

INCONTINENCE OF URINE.

The Supporter overcomes all cases of incontinence of urine arising from or connected with prolapsus of the womb; several cases in males, produced by weakness of the bladder, have been much alleviated by its use.

The following statements are from the highest medical authorities of the present day;—

Johnson's Medico-Chirurgical Review, in the number for October, 1838, has a paper explaining and warmly recommending the Supporter.

The London Medical Gazette, No. 7, (new series,) Nov. 10, 1838, also contains a paper of the same import.

The Medical Society of the State of New-York, at its last annual session, (Feb. 1838,) appointed a committee to examine into the merits of this instrument; who state in their report—

“That they have had the same under consideration; and, from the certificates of eminent surgeons who have made ample trials of the Supporter, *they have no hesitation in recommending it to the profession*, and in expressing their belief that it will in most cases supersede the use of Pessaries.”

(Signed)

E. PIERCE

A. G. BENEDICT,

JOEL A. WING,

} Committee.

This report, after ample discussion, was adopted unanimously as the sentiment of the Society.

JOHN W. FRANCIS, M.D. (for 25 years, Professor of Midwifery

in the University of the State of New-York,) considers Dr. Hull's apparatus for Prolapsus Uteri, "a very valuable and important improvement in surgery."

EDWARD G. LUDLOW, M.D. (and a Censor of the Medical Society of the State of New-York):—"In my opinion, the invention of Dr. Hull is one of great public utility—inasmuch as the disease, Prolapsus Uteri, is of very frequent occurrence: that under the old system, it was seldom cured—and the patients were, in the majority of cases, subject to the disagreeable necessity of wearing Pessaries during life, while the apparatus of Dr. Hull is worn without inconvenience, and has afforded relief in every instance within my knowledge."

JOHN STEARNS, M.D. (formerly President of the Medical Society of the State of New-York):—"I have caused the Utero-Abdominal Supporter of Dr. Hull to be applied to my patients afflicted with Prolapsus Uteri, and have found entire success from its application."

A. E. HOSACK, M.D.—"I made application of Dr. Hull's instrument for Prolapsus Uteri, in 1831, (then not completed in all its parts,) in a severe case, with immediate good effect; demonstrating the correctness of the new principle upon which it was constructed. I communicated the favorable result to Dr. Hull, in the presence of Dr. Valentine Mott, the Professor of Surgery in the University of the city of New-York. Professor Mott, to whom the apparatus and its surgical design and principle was entirely novel, highly approved thereof, and requested Dr. Hull to persevere and perfect said instrument—avering his opinion, that it would prove a valuable acquisition to surgery."

GILBERT SMITH, M.D. (for 42 years a Practitioner of Medicine):—"I have frequently ordered Dr. Hull's Abdominal Supporter, and continue so to do. I consider its invention a very valuable acquisition to surgical expedients, and a very great benefit to persons laboring under Prolapsus Uteri, or falling of the womb."

WM. GRAYSON, M.D.:—"I have frequently applied the apparatus of Dr. Hull for Prolapsus Uteri, for several years past, and continue to recommend it as a valuable and highly useful invention in surgery."

DAVID L. ROGERS, M. D. (Professor of Surgery, M. d. College, Geneva, N. Y.) :—" I approve of the principle of Hull's Abdominal Supporter, and believe it to be a *very valuable resource in the treatment of Prolapsus Uteri.*"

DAVID ROGERS, M. D. :—" I consider the Supporter of Dr. Hull a scientific and important improvement upon the old practice; and I have accordingly recommended it to all my patients laboring under Prolapsus Uteri."

A. D. WILSON, M. D. :—" I consider the apparatus of Dr. Hull's a very valuable surgical improvement; and recommend it in my practice, to the exclusion of Pessaries."

ALEX'R H. VACHE, M. D. :—" Since the introduction of Dr. Hull's Abdominal Supporter, I have caused it to be applied in cases of Prolapsus Uteri—and in all instances, with success."

THOMAS BOYD, M. D. (one of the oldest Physicians of New-York and for 30 years past most extensively engaged in the treatment of female complaints :—" I have applied Dr. Hull's apparatus for Prolapsus Uteri, with very much more success than I ever experienced in the old method; and I now recommend it, to the entire exclusion of the Pessaries. From my own repeated observations, I can with great confidence assert, that the apparatus of Dr. Hull, called the Utery-Abdominal Supporter, is a new and highly useful improvement in that department of surgery which regards the nature and treatment of displacements of the womb."

Opinion of G. S. BEDFORD, M. D., recently Professor of Midwifery, University of the city of New-York, [This view of the subject he communicated to Dr. Hull, soon after the apparatus was invented.]

" In order to afford relief in the more aggravated forms of Prolapsus Uteri, it is essential to remove from the uterus the superincumbent weight of the intestines, and at the same time to give support to the lower portion of the abdominal muscles. The posterior wall of the vagina is also particularly in need of assistance; for in proportion as this is supported, in the same ratio precisely will the womb be kept in its place. The *Utero-Abdominal Supporter* has the rare merit of accomplishing these objects.

G. S. BEDFORD, M. D."

JAMES WEBSTER, M. D. (Professor of Anatomy and Surgery, Med. College, Geneva, N. Y.):—I have applied the Utero-Abdominal Supporter, in a number of instances, for several years past, and always with success; and consider the invention a very valuable and important addition to surgical expedients."

The following gentlemen recommend the **SUPPORTER**, to the exclusion of *Pessaries* :—

Professors Rogers, Webster, and Spencer, of Geneva Medical College; Professors Reese and March, of Albany Medical College; Professors Delafield and Stevens, of the College of Physicians, New-York; Drs. Neilson, Perkins, Bibby, Doane, Devan, Albert Smith, Kissam, Anderson, Wilson, Wm. Power, Van Renssalaer, Weed, Roberts, Hathaway, Mead, Vache, Bliss, Green, Chalmers, and Gram; Francis U. Johnston, President County Med. Society; Laurens Hull, President Med. Society, State of New-York; Professor James McNaughton, of Albany; Professor Cyrus Perkins, Professor Doane, and others, of New-York: J. C. Warren, M. D., Prof. of Anatomy and Surgery, Harvard University; John Ware, M. D., Prof. Theory and Practice of Medicine, Harvard University; E. Hale, M. D., Physician, Mass. General and Lying-in Hospitals; J. V. C. Smith, M. D., Drs. W. Strong, Channing, Snow, Otis, Flint, and Clark, of Boston; and many other distinguished Physicians in the United States.

The Trusses and Supporters of Dr. Hull's invention continue to receive my decided preference. For twenty years past I have employed the Trusses of Dr. Hull with success. The Supporter was invented in 1831 by the doctor, with my advice and approbation—and I am happy to say that it is extensively adopted in Europe as well as in this country.

Signed,

VALENTINE MOTT, M. D.

New-York, July 1, 1841.

In January, 1838, the **SUPPORTER** was presented to the Medical Officers of Guy's Hospital, London, for public trial of its efficacy. **DR. ASHWELL** (the Obstetric Lecturer of the Institution) makes the following statements, the one before and the other after the application of the Supporter :—

13 Devonshire Square,

"Dear Sir Astley—This instrument exactly accords with the principle on which I think the disease must be cured; viz.—giving support to the vagina. I always say—Restore to the vagina its tone, and you do more to remedy this frequent malady, than by any other treatment. The support of the abdomen is excellent; and the external pressure of the perineum, narrowing a too capacious vagina, and thus supporting a prolapsed uterus, instead of doing so internally by a pessary, *cannot be too highly appreciated.*

I am, my dear Sir Astley, yours truly,

SAMUEL ASHWELL."

TO SIR ASTLEY COOPER, 39 Conduit-street.

After its successful trial in Guy's Hospital, the following certificate was handed to Dr. Hull's London Agent, for public use:—

13 Devonshire Square, London, Mar. 17, 1838.

"Having tried Dr. Hull's Instrument for the cure of Prolapsus and Procidentia Uteri, I am glad to express a highly favorable opinion of utility. In a severe case of entire procidentia, lately under treatment at Guy's Hospital, it was applied with marked success. Its great superiority over the pessary, consists in its affording efficient support to the weakened abdominal integuments, and in its *external* application, instead of its introduction into the vagina. I quite think it will accomplish a permanent cure better and more quickly than the pessary.

SAMUEL ASHWELL, M. D.

Obstetric Physician, and Lecturer to Guy's, London."

SIR ASTLEY COOPER, after the apparatus had been several months under his inspection, gave the following opinion for publication:—

"This apparatus is beautiful for its simplicity; it is an acquisition to practice. The principle of its operation is quite original and perfect. I shall advise its use, and make use of it in my own practice, in preference to anything I have seen."

DR. GRIFFITH (Lecturer on Midwifery and the diseases of Women and Children, at the Westminster Hospital School of Medicine,) sent the following letter to the London Agent:—

"Sir—In compliance with your request, I have to state, that I have recommended Dr. Hull's Utero-Abdominal Supporter, in cases of Prolapsus Uteri—and I have much pleasure in stating the very high opinion I entertain of its superiority over the instruments ordinarily used in these troublesome and inconvenient affections.

I am, Sir, yours truly,

WM. GRIFFITH, M. D.,

31 Lower Belgrave Street, Nov. 19, 1838."

MR. HIGHAM, 279 Regent street, London.

DR. RIGBY, (Physician to the General Lying-in Hospital, and Lecturer on Midwifery at St. Bartholomew's Hospital,) gives the following certificate :—

"This is to certify, that I have tried Dr. Hull's Utero Abdominal Supporter in Prolapsus Uteri, and find it fully answers the purpose for which it was intended; it gives a feeling of instant relief and a most agreeable support to the patient.

EDWARD RIGBY, M. D.

23 New street, Spring Gardens, Dec. 19, 1838."

MR. HIGHAM, 279 Regent street, London.

In London, the following gentlemen of the profession publicly sanction the Supporter, in a very unequivocal manner :—

SAMUEL ASHWELL; M. D., *Lecturer on Midwifery to Guy's Hospital*;

F. H. RAMSBOTHAM, M. D., *Lecturer on Midwifery to London Hospital*;

ROBERT LEE, M. D., *Lecturer on Midwifery to St. George's Hospital*;

EDWARD RIGBY, M. D., *Lecturer on Midwifery to St. Bartholomew's Hospital, and Physician to General Lying-in Hospital.*

ROBERT FERGUSON, M. D., *Lecturer on Midwifery to Westminster Lying-in Hospital*;

DR. SWEATMAN, *Lecturer on Midwifery to Middlesex Hospital, and senior Accoucheur to Queen Charlotte's Lying-in Hospital*;

WILLIAM GRIFFITH, M. D., *Lecturer on Midwifery to Westminster Hospital.*

SIR ASTLEY COOPER,

SIR BENJAMIN C. BRODIE,

SIR JAMES CLARK,

DR. CONQUEST,

" JAS. BLUNDELL,

" H. DAVIES,

" D. DAVIES,

" T. WATSON,

DR. HOLLAND,

" CAPE,

" CHOWNE,

" RYAN,

" BLOXHAM,

And many other eminent practitioners.

In Paris, the Supporter has been introduced into hospital and private practice, under the public and written sanction of Moreau, President of the Academie Royale de Medecine, and Accoucheur to the Duchess d'Orleans; Professors Velpeau, Paul Dubois, and Marjolin.

DR. A. G. HULL'S ABDOMINAL SUPPORTERS,

CAN BE OBTAINED OF THE FOLLOWING DRUGGISTS.

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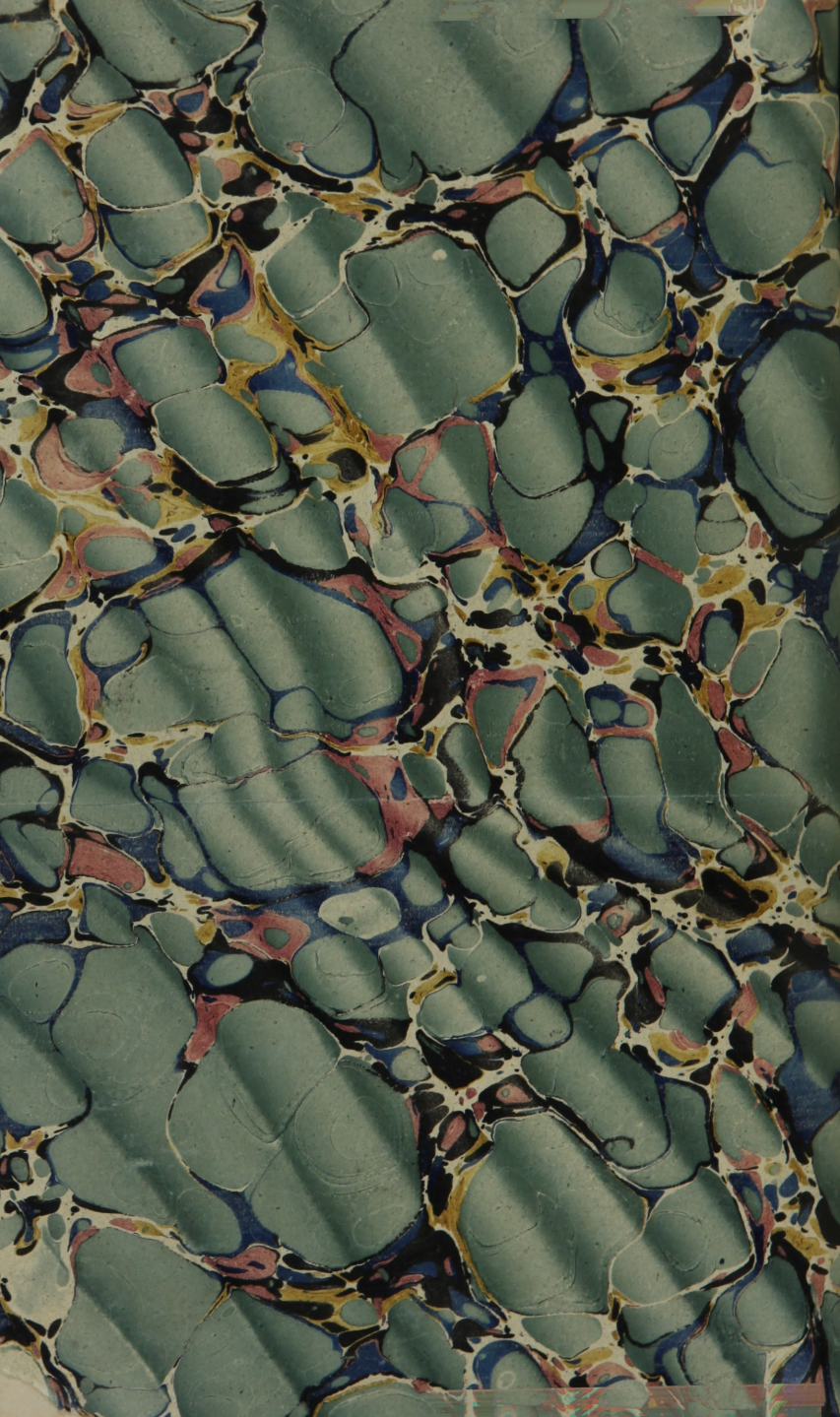
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CANADA

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* * *Orders for Dr. A. G. Hull's Trusses and Abdominal Supporters, directed to the Office, No. 4 Vesey street, Astor House, New-York, will be punctually attended to.*





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